

PRIOR APPROVAL RATE APPLICATION

Your File #: _____
(15 Characters Maximum)

___ SERFF ___ CD (plus 1 paper copy) ___ Paper (1 original plus 1 copy)

Does this filing include a variance request? ___ Yes ___ No

Is this a variance request submitted after the prior approval application
to which it applies? ___ Yes ___ No

If yes, provide the applicable CDI File Number: _____

Does this file contain group data? ___ Yes ___ No
[Note: Complete page 2 if this is a group filing]

Is this a specialty filing? ___ Yes ___ No

Latest applicable CDI file number in this line, subline and/or program: _____

Company Name _____

NAIC Company Code _____

Group Name _____

NAIC Group Code _____

Organized under the Laws of the State of _____

NAIC Uniform Property & Casualty Product Coding Matrix Filing Code
and Line Code for this Line of Insurance: _____

Line of Insurance: _____ Subline _____

Program _____

Home Office _____

Name and Title of Contact Person _____

Toll Free Phone No.: (____) _____ Fax No.: (____) _____

Email Address _____

Mailing Address _____

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct.

Authorized Signature

Date of Filing

Telephone Number

Important note: Refer to the CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY

Filing No.: _____

SERFF No.: _____

Date Filed: _____

Compliance Date: _____

Date Public Notified: _____

Deemer Date: _____

Intake Analyst: _____

Bureau & Senior: _____

Group Filing: ___ Yes ___ No

X-Reference No.: _____

___ Rate ___ New Program ___ Rule

___ Form ___ Variance _____ % Change

INSURER GROUP FILING

List each insurer group company in alphabetical order.

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

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(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

Company Name _____ CDI Filing No. _____
(Department use only)

NAIC Company Code _____ NAIC Group Code _____

PROPERTY AND LIABILITY FILING SUBMISSION DATA SHEET

The purpose of this filing is as follows: (More than one item may be marked)

TYPE OF FILING

PRIOR APPROVAL RATE APPLICATION
PAGES and EXHIBITS REQUIRED

____ New Program (Including adoption of advisory organization loss costs, forms and rules.) Pages 1 through 8, 11, 13, and 14 plus exhibit 19

____ Rates (Including adoption of advisory organization loss costs.)

____ Increase rates Pages 1 through 11, plus exhibits

____ Decrease rate Pages 1 through 11, plus exhibits

____ Zero overall rate impact Pages 1 through 11, plus exhibits

____ Variance

____ Filed together with the prior approval application to which it applies. Page 12 and exhibit 15

____ Filed after the prior approval application to which it applies. Pages 1 through 6, 12, plus exhibit 15

____ Coverage Forms (Including adoption of advisory organization forms.)

____ With rate impact Pages 1 through 11, 13, 14, plus exhibits

____ Without rate impact Pages 1 through 5, 13, 14

____ Rules (Including adoption of advisory organization rules.)

____ With rate impact Pages 1 through 11, plus exhibits

____ Without rate impact Pages 1 through 5

All Private Passenger Automobile class plans must be filed separately from the Prior Approval Rate Application.

PROPERTY AND LIABILITY FILING SUBMISSION DATA SHEET (Continued)

Proposed Earned Premium Per Exposure: \$_____

Proposed Overall Rate Change: _____%

Total earned premium must include all income derived from miscellaneous fees and other charges.

<u>COVERAGE</u>	<u>INDICATED CHANGE (%)</u>	<u>PROPOSED CHANGE (%)</u>	<u>CURRENT LEVEL EARNED PREMIUM</u>	<u>PROJECTED EARNED PREMIUM</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

FILING CHECKLIST

Use this checklist to assemble a complete application.

- ___ Prior Approval Rate Application, page 1
- ___ Group Filing, page 2
- ___ Property and Liability Filing Submission
Data Sheet, pages 3 and 4
- ___ Filing Checklist, page 5
- ___ Supporting Data Exhibits, page 6
- ___ Ratemaking Data, pages 7 and 8*
- ___ Reconciliation of Direct Earned Premium, page 9
- ___ Additional Data Required by Statute,
page 10
- ___ Miscellaneous Fees and Other Charges, page 11
- ___ Variance Request, page 12
- ___ Forms, pages 13 and 14
- ___ Self-addressed, stamped envelope
(Paper and CD submissions only)
- ___ Filing Memorandum

See the prior approval rate filing instructions regarding the following attachments.

- ___ Printed Rate and Rule Manual Pages
- ___ Underwriting Rules
- ___ Forms (Attach all independent forms and list all advisory organization forms)
- ___ Copies of the Reinsurance Agreements
(Applies only to Medical Malpractice with facultative reinsurance attachment points above one million dollars and Earthquake,
where the cost of reinsurance is included in the rate development.)

*If completing an electronic template, the ratemaking data tab may be printed and used in lieu of pages 7 and 8.

SUPPORTING DATA EXHIBITS

Use this document to assemble a complete application.

- ___ Exhibit 1: Filing History
- ___ Exhibit 2: Rate Level History
- ___ Exhibit 3: Policy Term Distribution
- ___ Exhibit 4: Premium Adjustment Factor
- ___ Exhibit 5: Premium Trend Factor
- ___ Exhibit 6: Miscellaneous Fees and
Other Charges
- ___ Exhibit 7: Loss and Defense & Cost Containment Expense
(DCCE) Development Factors
- ___ Exhibit 8: Loss and DCCE Trend
- ___ Exhibit 9: Catastrophe Adjustment
- ___ Exhibit 10: Credibility Adjustment
- ___ Exhibit 11: Excluded Expense Factor, (including
application page15, executive compensation)
- ___ Exhibit 12: Ancillary Income
- ___ Exhibit 13: Projected Yield and Federal
Income Tax Rate on Investment Income
(application pages 16, 17 and 18)
- ___ Exhibit 14: Reinsurance Premium and Recoverables
- ___ Exhibit 15: Variance
- ___ Exhibit 16: Insurer's Ratemaking Calculations
- ___ Exhibit 17: Rate Distribution
- ___ Exhibit 18: Rate Classification Relativities
- ___ Exhibit 19: New Program
- ___ Exhibit 20: Group Filing
- ___ Exhibit 21: _____

RATEMAKING DATA

If completing an electronic template, the ratemaking data tab may be printed and used in lieu of pages 7 and 8.

NAIC LINE CODE: _____ COVERAGE: _____

Prior Effective Date: _____ Proposed Effective Date: _____

Marketing System: _____ Captive _____ Direct _____ Independent

Distribution System Percentage: _____% _____% _____% (Weighted by Earned Premium)

Statistical period (check one):

___ Accident year (all other)

___ Policy year (for policies providing multi-year coverage only)

___ Report year (claims-made policies only)

	2 nd Prior Year	1 st Prior Year	Most Recent Year	*New Program Projected
YEAR	_____	_____	_____	
1. California Direct Written Premium	\$ _____	\$ _____	\$ _____	\$ _____
2. California Direct Earned Premium	\$ _____	\$ _____	\$ _____	\$ _____
3. Premium Adjustment Factor [Developed in Exhibit 4]	_____	_____	_____	
4. Premium Trend Factor [Developed in Exhibit 5]	_____	_____	_____	_____ %
5. Miscellaneous Fees and Other Charges (not included in line 2) [Developed in Exhibit 6]	\$ _____	\$ _____	\$ _____	\$ _____
6. Earned Exposure Units	_____	_____	_____	_____
7. Historic Losses	\$ _____	\$ _____	\$ _____	\$ _____
8. Historic Defense Cost and Containment Expense (DCCE)	\$ _____	\$ _____	\$ _____	\$ _____
9. Loss Development Factor [Developed in Exhibit 7]	_____	_____	_____	
10. DCCE Development Factor [Developed in Exhibit 7]	_____	_____	_____	

*For New Programs, provide California figures. Complete Ratemaking Data lines 2, 5, 6, 7, 15, 16, 17 and 18. Corresponding exhibits are not required for new programs except Exhibit 19. The exhibit must fully detail the development of the rates, however.

RATEMAKING DATA – (Continued)

	2 nd Prior Year	1 st Prior Year	Most Recent Year	New Program Projected
YEAR	_____	_____	_____	
11. Loss Trend Factor [Developed in Exhibit 8]	_____	_____	_____	_____ %
12. DCCE Trend Factor [Developed in Exhibit 8]	_____	_____	_____	_____ %
13. Catastrophe Adjustment Factor [Developed in Exhibit 9]	_____	_____	_____	
14. Credibility Factor for Losses & DCCE [Developed in Exhibit 10]				_____ %
15. Excluded Expense Factor [Developed in Exhibit 11]				_____ %
16. Ancillary Income [Developed in Exhibit 12]	\$ _____	\$ _____	\$ _____	\$ _____
17. Projected Federal Income Tax on Investment Income [Developed in Exhibit 13]				_____ %
18. Projected Yield [Developed in Exhibit 13]				_____ %

Lines 19, 20 & 21 - Applies only to Medical Malpractice with facultative reinsurance attachment points above one million dollars and Earthquake, where the cost of reinsurance is included in the rate development.

19. Direct Commissions				_____ %
20. Reinsurance Premium [Developed in Exhibit 14]	\$ _____	\$ _____	\$ _____	\$ _____
21. Reinsurance Recoverables [Developed in Exhibit 14]	\$ _____	\$ _____	\$ _____	\$ _____

STATUTORY PAGE 14 CALENDAR YEAR DATA
RECONCILIATION OF DIRECT EARNED PREMIUM DATA PER PROGRAM

Program / Filing	<u>Direct Earned Premium</u>		
	2nd Prior Year _____	1st Prior Year _____	Most Recent Year _____
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
Statutory Page 14	\$ _____	\$ _____	\$ _____
Difference	\$ _____	\$ _____	\$ _____

Explain the Differences:

This exhibit requires insurers to itemize each program until all data is reconciled to the corresponding annual statement line of insurance (Statutory Page 14).

For residual market data, a filing number is not required.

ADDITIONAL DATA REQUIRED BY STATUTE*

Calendar Year

DATA

YEAR _____

1. Number of claims outstanding at beginning of year _____
2. Number of claims during the year _____
3. Number of claims closed during the year _____
4. Number of claims outstanding at year's end ((1) + (2) - (3)) _____
5. Unearned Premiums _____
6. Dollar amount of claims paid _____
7. Net loss reserves for outstanding claims excluding claims incurred but not reported _____
8. Net loss reserves for claims incurred but not reported _____
9. Losses incurred as a percentage of premiums earned – including IBNR _____
10. Net investment gain or loss and other income or gain or loss allocated to the line. _____
11. Net income before federal and foreign income taxes
(line 10 plus line 15) _____
12. Total number of policies in force on the last day of the reporting period _____
13. Total number of policies cancelled _____
14. Total number of policies non-renewed _____
15. Net underwriting gain or loss
(=CY earned premium minus CY incurred loss minus CY incurred expense) _____
16. Separate allocations of expenses for:
 - a) commissions and brokerage expense, _____
 - b) other acquisition costs, _____
 - c) general office expenses, _____
 - d) taxes, licenses and fees, _____
 - e) loss adjustment expense (DCCE & AOE), and _____
 - f) other expenses _____

***CIC §1857.7, CIC §1857.9 and CIC §1864**

MISCELLANEOUS FEES AND OTHER CHARGES

1. Do any fees or installment finance charges apply to this program? ____ Yes ____ No

If yes, identify the fee and the amount charged for each type of fee and for each transaction.

INDIVIDUAL POLICY CHARGES

	New Business	Renewals
___ Policy fee	\$_____	\$_____
___ Installment fee	\$_____	\$_____
___ Installment finance charges (ancillary income)	_____ % APR	_____ % APR
___ Endorsement fee	\$_____	\$_____
___ Inspection fee	\$_____	\$_____
___ Cancellation fee	\$_____	\$_____
___ Reinstatement fee	\$_____	\$_____
___ Late Fee	\$_____	\$_____
___ SR 22	\$_____	\$_____
___ Non-sufficient funds (NSF) fee (ancillary income)	\$_____	\$_____
___ Membership dues (ancillary income)	\$_____	\$_____
___ Other, specify: _____	\$_____	\$_____

Except for installment finance charges, NSF fees, and membership dues, data relating to fees must be included in the ratemaking data, Page 7, Line 2 (direct earned premium) or Line 5 (miscellaneous fees) and Exhibit 6, miscellaneous fees, must be completed. Refer to the instructions for additional information.

REQUEST FOR VARIANCE

1. Identify each variance requested. [See below (f).]
2. Identify the extent or amount of the variance requested and the applicable efficiency standard, rate of return, loss development factors or trend which will result if the variance is granted. [Complete Exhibit 15]
3. Set forth the expected result or impact on the maximum and minimum permitted earned premium that the granting of the variance will have as compared to the expected result if the variance is denied. [Complete Exhibit 15]
4. Identify the facts and their source justifying the variance request and provide the documentation supporting the amount of the change in the applicable efficiency standard, rate of return, loss development factors or trend that is being proposed. [Complete Exhibit 15]

IDENTIFY THE BASES FOR VARIANCE – Refer to CCR §2644.27 (f) for the full regulation text.

(f)

1. ____ The mix of business has been altered.
2. ____ Request to recover additional costs for bona fide loss-prevention and loss reduction activities.
3. ____ Higher or lower efficiency standard due to:
 - A. ____ Higher or lower quality of service; or
 - B. ____ Superior or inferior service to underserved communities (CCR 2646.6); or
 - C. ____ Smaller or larger than average policy size
4. ____ Higher or lower return on equity due to higher or lower financial investment in underserved communities (CCR 2646.6).
5. ____ Rate of return in a line in which the insurer writes 90% of its direct premium in one line or in California and its mix of business presents investment risks different from the risks typical of the line as a whole.
6. ____ Relief from operation of the efficiency standard for a line of insurance in which the insurer has never written over \$1 million in earned premium annually and the insurer is making a substantial investment in order to enter the market.
7. ____ The minimum permitted earned premium should be lower on the basis of the insurer's certification that the rate will not cause the insurer's financial condition to present an undue risk to its solvency.
8. ____ The insurer's financial condition is such that its maximum permitted earned premium should be increased in order to protect solvency.
9. ____ The loss development formula in CCR §2644.6 does not produce an actuarially sound result because:
 - A. ____ There is not enough data to be credible;
 - B. ____ There are not enough years of data to fully calculate the development to ultimate;
 - C. ____ There are changes in the insurer's reserving or claims closing practices that significantly affect the data; or,
 - D. ____ There are changes in coverage or other policy terms that significantly affect the data; or
 - E. ____ There are changes in the law that significantly affect the data.
10. ____ The trend formula in CCR §2644.7 does not produce an actuarially sound result because:
 - A. ____ There is a significant increase/decrease in the amount of business written or changes in the mix of business;
 - B. ____ There is a significant change in the law affecting the frequency or severity of claims;
 - C. ____ It can be shown that trends calculated over a 10 year period are more reliable prospectively;
 - D. ____ There are changes in the insurer's claims closing practices that significantly affect the data; or,
 - E. ____ There are changes in coverage or other policy terms that significantly affect the data.
11. ____ The maximum permitted earned premium would be confiscatory if applied.

FORMS

Insurers who wish to use a new or replacement form in connection with a new or existing program must furnish the following information and documentation for our review. Revisions must be highlighted and the corresponding manual pages must be provided.

	<u>FORM NO.</u>	<u>TITLE</u>	<u>TYPE</u>	<u>SOURCE</u>	<u>SOURCE FORM NO.</u>	<u>CATEGORY</u>	<u>Restricts Coverage [Yes/No]</u>	<u>Broadens Coverage [Yes/No]</u>	<u>Rate Impact [Yes/No]</u>	<u>% Change</u>	<u>Flat Rate</u>
1] New:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Old:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2] New:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Old:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3] New:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Old:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4] New:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Old:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5] New:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Old:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

REQUIRED RESPONSES FOR THE ITEMS ABOVE

TYPE:

- 1) Application
- 2) Endorsement
- 3) Policy
- 4) Other (Please define)

SOURCE

- 1) ISO*
- 2) Other Advisory Org. (OAO)*
- 3) Company
- 4) Other (State the name/s)

CATEGORY

- 1) New, mandatory
- 2) New, optional
- 3) Replacement, mandatory
- 4) Replacement, optional
- 5) Withdrawn, mandatory
- 6) Withdrawn, optional

(*) Provide California Dept. of Insurance number (CDI #) under the column identified as Source Form No.

FORMS (Continued)

Documents to be Filed

- _____ Describe the purpose of the form or form change.
- _____ For **NEW FORMS**, furnish a copy of the form to be filed, unless identical to an advisory organization form. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.
- _____ For **REVISED FORMS**, describe any changes in coverage between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [] should be used to identify any deletions on the current form and underline all changes in the **revised form**. Describe what adjustments, if any, will be made to the premium due to the revisions.

Executive Compensation Data* - part of exhibit 11

(Total Cash Paid, including Salary & Bonus)
(Section 2644.10 of the California Code of Regulations)

Group Name

NAIC Group Code

Company Name (s): as it appears in the filing application

NAIC Company Code

Stock Co.	Mutual Co.	Reciprocal Co.

YEAR	2 nd Prior Year			1 st Prior Year			Most Recent Year		
Countrywide Direct Earned Premium for Prop 103 Lines of Business for the Group									
	Cash & Salary	Bonus	Total	Cash & Salary	Bonus	Total	Cash & Salary	Bonus	Total
1st Highest Paid									
2nd Highest Paid									
3rd Highest Paid									
4th Highest Paid									
5th Highest Paid									

*The data required in this exhibit is for the purpose of calculating that portion of the excluded expense factor that pertains to the total and excess executive compensation.

EXHIBIT 13 (page 1 of 3)

PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

Line number	Short Term Assets	Intermediate Term Assets		Long Term Assets	
	One year or less	Over 1 yr through 5 yrs	Over 5 yrs through 10 yrs	Over 10 yrs through 20 yrs	Over 20 yrs
1.7 US governments	_____	_____	_____	_____	_____
2.7 All other governments	_____	_____	_____	_____	_____
3.7 States, territories and possessions	_____	_____	_____	_____	_____
4.7 Political subdivisions	_____	_____	_____	_____	_____
5.7 Special revenue and assessment obligations	_____	_____	_____	_____	_____
6.7 Public utilities unaffiliated	_____	_____	_____	_____	_____
7.7 Industrial and miscellaneous	_____	_____	_____	_____	_____
8.7 Credit tenant loans	_____	_____	_____	_____	_____
9.7 Parent, subsidiaries and affiliates	_____	_____	_____	_____	_____
	<u>One year or less</u>	<u>Over 1 year through 10 years</u>		<u>Over 10 years</u>	
(1) US government bonds Sum of line 1.7 and 2.7	_____	_____		_____	
(2) Other taxable bonds Sum of line 6.7, 7.7, 8.7, 9.7, and half of 5.7	_____	_____		_____	
(3) Tax exempt bonds Sum of line 3.7, 4.7 and half of 5.7	_____	_____		_____	

Data on line 1.7 through 9.7 are from the insurer group's most recent consolidated statutory annual statement, schedule D, part 1A, section 1.

EXHIBIT 13 (page 2 of 3)

PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

	Invested Assets [1]	Currently Available Yield * [2]	Return On Invested Assets [3]=[1]*[2]	Federal Income Tax Rate [4]	Federal Income Taxes [5]=[3]*[4]
(1) US government bonds					
(A) Short	_____	_____	_____	35.00%	_____
(B) Intermediate	_____	_____	_____	35.00%	_____
(C) Long	_____	_____	_____	35.00%	_____
(2) Other taxable bonds					
(A) Short	_____	_____	_____	35.00%	_____
(B) Intermediate	_____	_____	_____	35.00%	_____
(C) Long	_____	_____	_____	35.00%	_____
(3) Tax exempt bonds					
(A) Short	_____	_____	_____	5.25%	_____
(B) Intermediate	_____	_____	_____	5.25%	_____
(C) Long	_____	_____	_____	5.25%	_____
(4) Common Stock					
(A) Dividends	_____	_____	_____	14.175%	_____
(B) Capital gains		_____	_____	34.10%	_____
(5) Preferred stock dividends	_____	_____	_____	14.175%	_____
(6) Mortgage loans	_____	_____	_____	35.00%	_____
(7) Real estate	_____	_____	_____	35.00%	_____
(8) Cash**	_____	_____	_____	35.00%	_____
(9) Other***					
(A) Dividends	_____	_____	_____	14.175%	_____
(B) Capital gains		_____	_____	34.10%	_____
(10) Total Sum of line (1) thru (9)	_____		_____		_____

Data in column [1], line (1) through (3), are from page 1 of exhibit 13. Data in column [1], line (4) through (9), are from the insurer group's most recent consolidated statutory annual statement page 2 – Assets.

* Currently available yields are defined in CCR §2644.20. Latest values are posted at
<http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/0200-prior-approval-factors/>

** Annual statement page 2, line 5, cash only. Cash equivalents and short-term investments are included in Schedule D.

*** Annual Statement page 2, line 6 through 9.

EXHIBIT 13 (page 3 of 3)

PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

	Invested Assets [1]	Currently Available Yield [2]	Return On Invested Assets [3]=[1]*[2]	Federal Income Tax Rate [4]	Federal Income Taxes [5]=[3]*[4]
(10) Total line (10) exhibit 13, page 2	_____		_____		_____
(11) Investment expense Annual Statement (AS) page 11, line 25			_____	35.00%	_____
(12) Total after investment expense line (10) - line (11)	_____		_____		_____
(13) Federal income tax rate line (12) column [5] / column [3]				<div style="border: 1px solid black; width: 80px; height: 40px; display: flex; align-items: center; justify-content: center;"></div>	
(14) Projected yield on invested assets line (12) column [3] / column [1]		_____			
	Most Recent Year				
(15) Loss reserves AS page 3, line 1	_____				
(16) Loss adjustment expense reserves AS page 3, line 3	_____				
(17) Unearned premium reserves AS page 3, line 9	_____				
(18) Surplus as regards to policyholders AS page 3, line 35	_____				
(19) Total reserves and surplus Sum of line (15) to (18)	_____				
(20) Projected yield adjusted to reserve and surplus base line (14) * line (12) / line (19)			<div style="border: 1px solid black; width: 80px; height: 40px; display: flex; align-items: center; justify-content: center;"></div>		